

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/530,936</u>	FILING DATE				
							APPLICANT(S)					
B CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* <u>16</u> <i>cmd.</i>		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		<i>Canceled</i>				51		1			
2		1					52		1			
3		2					53					
4		1					54					
5		1					55					
6		1					56					
7	1						57					
8		1					58					
9		2					59					
10		2					60					
11		2					61					
12		①					62					
13		①					63					
14	1	①					64					
15		①					65					
16		1	<i>Canceled</i>				66					
17			1				67					
18							68					
19				1			69					
20				2			70					
21				1			71					
22				1			72					
23				1			73					
24			1				74					
25				1			75					
26				2			76					
27				2			77					
28				2			78					
29				①			79					
30				1			80					
31				1			81					
32				1			82					
33				①			83					
34				2			84					
35				2			85					
36				1			86					
37				2			87					
38				2			88					
39					1		89					
40						1	90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		↓	3	↓		↓	TOTAL IND.	2	↓		↓	↓
TOTAL DEP.			27				TOTAL DEP.	14				
TOTAL CLAIMS			30				TOTAL CLAIMS	16				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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